**INFORMATION TO ACCOMPANY AN INDIVIDUAL FUNDING REQUEST (IFR) FOR**

**BREAST REDUCTION**

**The NHS does not routinely commission plastic surgery for cosmetic reasons, an NHS referral is inappropriate if the *p*atient falls within the normal morphological range.**

### PATIENT IDENTIFICATION DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| PATIENT’S NAME: | **<Patient Name>** | | |
| DATE OF BIRTH: | **<Date of birth>** | NHS NUMBER: | **<NHS number>** |
| ADDRESS: | **<Patient Address>** | | |
| REFERRING GP: | **<GP Name>, <Organisation Address>, <Organisation Details>** | | |

### ADDITIONAL INFORMATION

**\*\*Failure to complete this questionnaire in full may delay the IFR Panel’s decision\*\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WEIGHT:** | HEIGHT: | BMI MEASUREMENT : | CHEST SIZE: | CUP SIZE: |
| <Latest Weight> | <Latest Height> | <Latest BMI> |  |  |

Do you consider your patient to be overweight?  YES  NO

Has your patient been measured professionally?  YES  NO

#### **Do you consider your patient’s breast size proportionate to her body? YES NO**

Does your patient complain of any functional problems attributable to her breast size?  YES  NO

Has your patient been referred to physiotherapy?  YES  NO

If so, please include a copy of any reports.

Have any other treatments been tried or considered?  YES  NO

|  |
| --- |
| If YES please provide more details: |

|  |
| --- |
| Please provide any other relevant information that you feel supports your request: |

**GP Signature:** <Sender Name>  **Date:** <Today's date>

Please send to: **Individual Funding Request (IFR) Business Support**

**722 Prince of Wales Road, S9 4EU**

**or FAX to 0114 305 1370 (safe haven fax)**

**or EMAIL to** [sheccg.sybifr@nhs.net](mailto:sheccg.sybifr@nhs.net) **(safe haven email)**